

# HOME SCHOOL AFFIDAVIT OF INTENT

**Sandra E. Dowling, Ed.D.**  
**Maricopa County School Superintendent**

Child Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ *Proof of birth is required according to ARS 15-828.*

Parent Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Parent Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ School District of Residence \_\_\_\_\_

*Note: According to ARS 15-802, a person who has custody of a child, who does not provide instruction in a home school and who fails to enroll or fails to ensure that the child attends a public or private school pursuant to this section is guilty of a Class 3 Misdemeanor. Failure to file an affidavit of intent is a petty offense.*

**I have included a copy of my child's certified birth certificate.**

**I understand that I am responsible to notify the superintendent when I stop home instruction.**

**I understand that I am responsible to update my child's home school records if the above information is changed.**

**The child named on this affidavit is being provided with instruction in a home school according to ARS 15-802.**

**PARENT SIGNATURE** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **YEAR OF** \_\_\_\_\_

**NOTARY PUBLIC SIGNATURE** \_\_\_\_\_

**NOTARY SEAL**

**Make a copy of this affidavit to keep for your file. Mail original affidavit and copy of child's certified birth certificate to:**

**Dr. Sandra E. Dowling, Superintendent, Home School Services, 301 West Jefferson, Suite 660, Phoenix, Arizona 85003**

Updated Jan-01